

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 04, 2003 8:00 am
Secretary of State

09-04-2003 90070 026 ***550.00

DOCUMENT # P02000011126

1. Entity Name

WILKINS & SONS PAINTING CO.



Principal Place of Business

**3540 FORTUNA DR
ORANGE PARK FL 32065**

Mailing Address

**3540 FORTUNA DR
ORANGE PARK FL 32065**

2. Principal Place of Business

3540 Fortuna Dr
Suite, Apt. #, etc.

3. Mailing Address

3540 Fortuna Dr
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

Orange Park, FL

City & State

Orange Park, FL

4. FEI Number

59-3756909

Applied For

☐ Not Applicable

Zip

32065

Country

CLAY

Zip

32065

Country

CLAY

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WILKINS, VERLIE J
3540 FORTUNA DR
ORANGE PARK FL 32065**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

**After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------|---------------------------------|
| TITLE | DP | <input type="checkbox"/> Delete |
| NAME | WILKINS, VERLIE T | |
| STREET ADDRESS | 3540 FORTUNA DR | |
| CITY-ST-ZIP | ORANGE PARK FL 32065 | |
| TITLE | DV | <input type="checkbox"/> Delete |
| NAME | WILKINS, JAMES L | |
| STREET ADDRESS | 3540 FORTUNA DR | |
| CITY-ST-ZIP | ORANGE PARK FL 32065 | |
| TITLE | DV | <input type="checkbox"/> Delete |
| NAME | WILKINS, RUSSELL L | |
| STREET ADDRESS | 12822 CREST RIDGE DR | |
| CITY-ST-ZIP | JACKSONVILLE FL 32258 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|----------------------------|--|
| TITLE | Vice President - Marketing | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Robert L. Wilkins | |
| STREET ADDRESS | Oakdale Dr W. | |
| CITY-ST-ZIP | Orange Park, FL 32073 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-3-03 904-272-1862
Date Daytime Phone #

CR2E034 (4/03)